

Louisiana Department of Revenue Office of Charitable Gaming

Office of Charitable Gaming
PO BOX 98502, Baton Rouge, LA 70884-9502
(225) 925-1835 or (800) 562-9235 FAX (225) 925-7069

Organization Official Information Sheet

STATE LICENSE NUMBER: G ORGANIZATION NAME:									
OFFICIAL SIGNATURE OF EXISTING OFFICER: X									
Please use the following codes (P) President (V		S) Secretary (MIC) Member-In-Charge	(T) Treasurer	(D) Director				
 Any changes in officers, directors, or gaming management must be filed with the Office of Charitable Gaming within ten (10) days of the change. This form must be signed by a current official listed with the Office in the space provided above. List at least one official as Member-In-Charge (MIC) and as many alternate members-in-charge to assure at least one MIC is present at all games as provided by LA.R.S. 4:714(D). A \$25 check, made payable to "Office of Charitable Gaming", must accompany the second and additional set of revisions to your license. A set is any number of changes to your license sent in together and at the same time. (Ex: if you mail or fax in forms for a paper change, adding officials, and modifying a date on your license all together, only one \$25 fee is charged.) 									
Please check the purpose of thi	s revision:		Social Security Number						
☐ Change Position ☐ New C		Renewal			l n				
Last Name, First Name, Middle	e Initial				Date of Birth				
Complete Home Address (Street, City, State, Zip)									
Position Held: N	Member-in-Charge? ☐ Yes ☐ No Alternate:								
I declare that I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within LA.R.S. 4:701 <i>et seq</i> as well as the corresponding regulations contained within LAC 42:1.1701 <i>et seq</i> . Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal state, county/parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation. Yes No									
Signature (officials to be deleted from your organization do not have to sign) Date									
X									
Please check the purpose of thi	is revision:	Social Security Number							
☐ Change Position ☐ New Official ☐ Delete Official ☐ Renewal									
Last Name, First Name, Middle	e Initial		Date of Birth						
Complete Home Address (Street, City, State, Zip)									
	Member-in-Charge? ☐ Yes ☐ No	Phone Number(s):		Alternate:					
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Signature (officials to be delete		<u> </u>	Date						
X									

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